

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049003

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 273

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u> Length of stay in 1b <u>21 Yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps County Memorial</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Phelps</u> c. CITY OR TOWN <u>Rolla</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>506 West 4th.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First <u>INA</u> Middle <u>MAE</u> Last <u>TERRILL</u> 4. DATE OF DEATH Month <u>Dec</u> Day <u>13</u> Year <u>1963</u> 5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>11-22-1887</u> 9. AGE (last birthday) <u>76</u> IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> IF UNDER 24 HR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u> 11. BIRTHPLACE (City and state or country) <u>Marion Co., MO.</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u> 13a. FATHER'S NAME <u>John D. Hart</u> 13b. MOTHER'S MAIDEN NAME <u>Elizabeth James</u> 14. NAME OF HUSBAND OR WIFE <u>Ruben A. Terrill</u> 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u> 16. SOCIAL SECURITY NO. <u>NONE</u> 17. INFORMANT <u>Edith Jacobs</u> Address <u>506 W 4th. Rolla, Mo.</u>		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage Esophageal varic</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Cirrhosis liver</u> DUE TO (b) <u> </u> DUE TO (c) <u> </u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u> </u>
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20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m.	Month, Day, Year <u> </u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> 20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>
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21. I attended the deceased from <u>1957</u> to <u>12/13/67</u> and last saw her <u>3 P.</u> alive on <u>12/13/67</u> Death occurred at <u> </u> on the date stated above, and to the best of my knowledge, from the causes stated.	22c. DATE SIGNED <u>12-13-63</u>
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22a. SIGNATURE <u>Sam J. Pugh</u> (Degree or title) <u>MD</u> 22b. ADDRESS <u>Rolla, Mo</u>	23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23b. DATE <u>12-15-1963</u> 23c. NAME OF CEMETERY OR CREMATORY <u>High Gate Cemetery</u> 23d. LOCATION (City, town, or county) <u>High Gate, Mo.</u> (State) <u> </u>
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24. FUNERAL DIRECTOR <u>Cal J. Glenn</u> ADDRESS <u>West 10th, Rolla, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 14, 1963</u> REGISTRAR'S SIGNATURE <u>Nadene L. Steele</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0817
0817
3 2
4 1
5 2
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7 0
8 2
9 5810
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12 1-0
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rella, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.